FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	tion																	
Name and Mailing Address of the second	of Re	espondent																
Horry Telephone Cooperative, Inc. P.O. Box 1820 Conway, SC 29528-1820														Check here if this is a change of address.				
Year Report Filed			3. Reporting			 ay		4. Number of	f Full-Time Er	nployees dur	ing Selected							
2018	Period Co 2/24/2	overed by Rep 2018	oort)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)												
SECTION II - Full-Time Emplo	yee	s.																
		Number of Employees (Report employees in only one category)																
Job	loh			Race/Ethnicity														
Categories			nic or tino	Not-Hispanic or Latino														
		Lai	uno			Ma	ale			Female						Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	,, ,,		
		Α	В	С	D	Е	F	G	н	_	J	К	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1			6						1						7		
First/Mid-Level Officials and Managers	1.2			62	2			1		24	3					92		
Professionals	2			50			4			36						90		
Technicians	3			61	8				2	16	1					88		
Sales Workers	4		1	11						12	1					25		
Administrative Support Workers	5		1	7	i					134	12				2	156		
Craft Workers	6			45	1					1						47		
Operatives	7			97	8					1						106		
Laborers and Helpers	8	1		52	4				1							58		
Service Workers	9			1						2						3		
TOTAL	10	1	2	392	23	0	4	1	3	227	17	0	0	0	2	672		
PREVIOUS YEAR TOTAL	11	0	2	401	23	0	4	1	3	230	16	0	0	0	2	682		

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		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	Hispanic or Latino			Not-Hispanic or Latino												
			Male									Female				
	Ma	ale Fen	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	1	Α Ι	В	С	D	E	F	G	Н	I	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2									1						1
Technicians	3								-							0
Sales Workers	4			2						3						5
Administrative Support Workers	5			3						10	1					14
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9			1												1
TOTAL	10 (0	0	6	0	0	0	0	0	14	1	0	0	0	0	21
PREVIOUS YEAR TOTAL	11 () (0	0	6	1				18	1					26
SECTION IV - Report of Discri	mination	Complaints	Pursua	ant to 47 CF	R 22.321, 23.	55, 90.168, 10	1.4, and 10	1.311.								
This is to advise the company before a										ritorial, or loc	cal statutes ha	ve been filed	against this			
This is to advise the (Attach a list indicate)	e Commis	sion that the	followir	ng complaints	s alleging viol	ations of the p	rovisions of a	any equal emp	loyment oppo	rtunity statute er designation	e have been f n, and current	led against thi status or disp	s company. osition.			
SECTION V - Certification																
I certify that to the best of my kr					nents in this re	eport are true a			12		}		I T. (b	N		
		Printed Name a L. Pag		son Signing	Signature Telephone No. (843) 369-8624											
Title of Person Signing Chief Executive-H	uman	Resourc	es			Y FALSE STATATION LICEN									01) AND/OR RI	EVOCATIO